इन [कार्यालयों के सरकारी काम में हिन्दी और अंग्रेजी दोनों का प्रयोग किया जा रहा है ।]

(ख) इन संस्थाओं में हिन्दी का प्रयोग उत्तरोत्तर बढ़ रहा है ।

Guidelines to the Hospitals for Road Accident Victims in Delhi

2942. SHRI J. P. GOYAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Government are aware of the death of several road accident vic tims as the hospitals and nursing home do not immediately attend to them which are brought thereon one pretext or the the other;

(b) if so, whether the Government have issued any guidelines to all hospitals and nursing homes in the country and particularly in Delhi in this regard;

(c) if so, what are the details in regard thereo; and

(d) if not, what are the reasons therefor and whether such guidelines are proposed to be issued to save the life of road accident victims ?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (c) No Central Government hospital refuse to provide immediate medical attention to any road accident victims. The hospitals and Nursing Homes in States|U. Ts. are under tbe control of individual State Governments! U. T. Administrations. The Director General of Health Services has issued guide-Iines|instructions on 11-6-1986 (Statement) *(See* below) to all the heads of Government hospitals in Delhi to handle the cases of road accidents and medicolegal cases on priority basis.

(d) Does not arise

Statement

Directorate General of Health Services

Subject: — Minutes of ihe meeting held on 29-5-86 to discuss the medico-legal formalitics in the hospital

A meeting was held under the Chairmanship of Director General of Health Services or 29-5-86 at 4. 00 P. M. to lise iss th. 5 system change in dealing with the medico-legal cases in the hospitals. The following were present: —

1. Dr. M. D. Saigal, Director General of Health Services .. Chairman
2. Shri T. Chatterjee, DiDjty Secretary Administrative Reforms and Public Grievances .. Member
3. Shri Ravi Kant Chopra, Under Secretary, A. R. & P. G. Do.
4. Dr. Mrs. J. Saigal, Dy, Mdl. Sun-rinfondent, Dr. R. M. L. Hospital Do.
5. Dr. K. B. Sharma, Dv. Director General (M) Dte. G. H. S. Do.
6. Dr. A. K. Bhattacharva, Addl. M. S.. Safdarjang Hospital . Do.

7.	Dr. V. P. Vaishney, Chief Medical Officer, Safdarjang Hospital	Member
8.	Shri R. K. Sharma, Addl. Commissioner Police (C. I. D.)..	. Do.
9.	Dr, K. P. Datta, Dy. Director Health Services, Delhi Administration.	. Do.
10.	Dr. B. Singh, Medical Superintendent, Civil Hospital, Delhi.	. Do.
11,	Dr. M. L. Mathur, Medical Superintendent, Hindu Rao Hospital, Delhi.	. Do.
12.	Dr. K. L. Sharma. Jai Parkash Narain Hospital.	. Do.
13.	Dr. (Mrs.) V. P. Aggarwal, Dy, Medical Superintendent, Lady Hardinge Medical College & Smt. Sucheta Kriplani Hospital	. Do.
14.	Dr. (Mrs.) Aggarwal, Principal & Medl. Superintendent. Lady Hardinge Medical College,	. Do.
15.	Dr. B. K. Verma, Director (EMR) Dte. General of Health Services	Member-Secretary

In view of the multi-Departmental approach to the problem, Delhi Police, Delhi Administration, Ministry of Law, the Medical Superintendent of various hospitals and Department of Administrative Reforms and Public Grievances were incited in the meeting. The representative of the Ministry of Law however, could not attend the meeting

The following decisions were taken:

(1) Whenever any medico-legal case attends the hospital, the rnedical officer On duty should inform the Duty Constable, name, age, sex of the patient and place and time of occurrence of the incident, and should start the required treatment of the patient. It will be the duty of the Constable *on* duty to inform the concerned Police Station or higher police functionaries for further action.

Full medical report should be prepared and given to the Police, 'as soon as examination and treatment of the Police or omplecting the police formalities.

2. ZonaliSation as has been worked out for the hospitals to deal with medicolegal cases will only apply to those cases brought toy the Police. The medico-legal cases coming to hospital of their own (even if the incident has occurred i_n the Zone of other hospital) will not be denied the treatment by the hospital where the case reports, nor the case will be referred to the other hospital because the incident has occurred in the area which belongs to the Zone of any other hispital. The same police formalities as given in para (1) above will be followed in these cases.

All Government hospitals, medical Institutes should be asked to provide the immediate medical aid to all the cases irrespective of the fact whether they are medico-legal cases or otherwise. The practice of certain Government institutions to refuse even the primary medical aid to the patient and referring them to other hospitals simply because they are medico-legal cases is not desirable. However after providing the Primary medical aid to the patient, patient can be referred

to the hospital if the expertise facilities required for the treatment are not available in that Institution.

Sdl-(DR. B. K. VERMA)
Director (Emergency Medical Relief)

चंडीगढ़ स्थित पोस्ट ग्रेज्युएट इन्स्टीट्यूट आफ मेडिकल एजूकेशन एंड रिसर्च में अत्याधुनिक उपस्करों का प्रयोग में न लाया जाना

2943. **श्री रशीद मसूद : क्या स्वास्थ्य और परिवार कल्याण** मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सच है कि चंडीगढ़ स्थित पोस्ट ग्रेज्युएट इन्स्टीट्यूट आफ मेडिकल एजूकेशन एंड रिसर्च में अनेक अत्याधुनिक उपकरण अप्रयुक्त ही पड़े हुए हैं;

(ख) यदि हां, तो इस संबंध में ब्यौरा क्या है और उन उपकरणों के नाम तथा उनके मूल्य क्या-क्या हैं; और

(ग) उन्हें प्रयुक्त न किये जाने के क्या कारण हैं और उनके उपयोग किये जाने के संबध में सरकार की भावी योजना क्या है ?

स्वास्थ्य और परिवार कल्याण मंत्रालय में राज्य मंत्री (कुमारी सरोज खापर्डे) : (क) जी, हां ।

(ख) और (ग) एक विवरण संलग्न हैं। [देखिए परिशिष्ट CXLV, अनुपत्र संख्या 103]

Tobacco Quality used in Billies and Cigarettes

2944. SHRIMATI ELA RAMESH BHATT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any Government agency have so far analysed tobacco quality used in various Indian cigarettes j bidies and compared these with cancer-risks from I popular foreign brands, some of which ; are also manufactured in India and if so, details thereof; and

(b) whether Government are aware that quality of tobacco used in India is of very poor quality with high cancer risks?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) and (b) The Cancer Research Institute, Tata Memorial Centre, Bombay has analysed the tobacco products for cancer producing compounds. The results show that tobacco used in Indian cigarettes, bidis and chuttas certain tobacco specific carcinogenic compounds, of these cutta has the highest level. Smoke obtained from these items contains an additional class of carcinogenic compounds which are formed during burning. The level of carcinogens in Indian cigarette smoke is higher as compared to the foreign brand cigarettes manufactured abroad. However, the foreign brand cigarettes manufactured in India have similar level of toxic compound as observed in Indian cigarettes. Bidi smoke is more carcinogenic and mutagenic as compared to th$_e$ Indian cigarette smoke. Tobacco used in the manufacture of bidi contains higher quantities of harmful compounds, such as nicotine, as compared to the 'Western' tobacco variety used for cigarette manufacture.

Loss and Traffic decline in the Civil Aviation Sector

2945. SHRI V. NARAYANASAMY: Will the Minister of CIVIL AVIATION be pleased to state;

(a) whether it is a fact that the Civil Aviation Sector is showing continuous losses and the International traffic had also gradually declined;

(b) what are the reasons for such losses in the Civil Aviation sector; and

(c) what steps the Government has taken to improve the performance and: wiping out the losses ?